



This section shows your acknowledgement and consent of the the MRI safety rules at OSS Imaging as it applies.

Section 1: MRI - Pregnant, Possibly Pregnant and Breastfeeding

Please initial above if applies. In general, there are no known risks of using MRI in pregnant patients. However, MRI is reserved for use in pregnant patients only to address very important problems or suspected abnormalities. To date, there is no conclusive scientific evidence to support a direct relationship between exposure to MRI and to any hazards to the developing fetus. According to the Safety Committee of the Society for Magnetic Resonance imaging, MR procedures are indicated for use in pregnant women if other non- ionizing forms of diagnostic imaging are inadequate or if the examination provides important information that would otherwise require exposure to ionizing radiation (Xray, CT Scan). Gadolinium is not recommend for use in pregnancy. Gadolinium has been shown to cross the placenta and appear within the fetal bladder after intravenous administration.

Section 2: Implant

Please initial above if applies. If I had an implant that is listed in Section 2, I have already **provided OSS with my official implant card** which showed it is safe for an MRI. I have already sent a photo of this card to OSS or I have shown the physical card to OSS.

Make _____ Model _____
 Serial # _____
 Implanting Provider _____ Implanting Provider Telephone _____

Section 3: MRI with Contrast

Please initial above if applies. I understand that my provider ordered contrast for the MRI and I am required to answer the questions below:

Do you have any of the following medical conditions?

	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had a known **allergic reaction** to?

	Yes	No	
MRI Contrast?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what happened?
Iodine Contrast?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what happened?

I consent to the MRI Contrast, if ordered by my provider. I have answered the following questions below to the best of my ability. I agree to having the contrast agent (MRI Gadolinium) used for the MRI. The Food & Drug Administration has approved this agent. A small percentage of patients may have these adverse reactions: headache, experience mild nausea, inflammation around area of injection.

Patient Consent.

By signing this consent, I agree that I have read this form and/or I have received oral communications of all the information provided in this form. I understand the information, and have had my questions answered regarding this procedure and who will read the exam. In addition, I agree that I 1) understand the purpose of the procedure; 2) have been informed of how long the procedure will take; 3) understand the risks, benefits, and complications associated with the procedure; 4) have truthfully informed Orthopaedic Surgery Specialists (OSS) Imaging of my current medical condition 5) am aware of possible alternatives; and 6) have been given the right to refuse to consent to the procedure.

I have not been pressured to sign this consent and do so voluntarily. I understand that I may contact OSS at the address and phone number provided if I have any further questions about this form or the procedure. I am at least 18 years of age, of sound mind and not under the influence of alcohol or hallucinogenic drugs. I have no reservations and give my consent to start and complete the exam(s) by my signature and date here.

Patient Name: _____
 Print _____ Signature + Date _____
 OSS Imaging Team Member (Witness): _____
 Print _____ Signature + Date _____

Technologist Notes: _____